**SU: OT:**

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| RISK ASSESSMENT FORM FOR THE PROVISION OF BEDRAILS Bedrails are used extensively in the community and care environments to prevent bed occupants falling out of bed and injuring themselves. They usually achieve this very successfully. However, bed rails can also present a risk to the occupant with serious incidents being reported to the MHRA with the majority being due to entrapment. This form is designed to help analyse the risks and make an informed decision regarding whether bed rails should be provided.  Bed rails are generally intended for use with adults and adolescents. According to MHRA guidelines, there are no published standards on bed rails for children. They do suggest, however, that for rails used with children, the gaps between the bars should be between 45mm and 78mm in height. For a child or small adult, seek guidance on suitable rails from the manufacturers and assess their compatibility with the size of the individual and the specific circumstances of use.  **This risk assessment has been compiled from Medical Devices Bulletin MDA DB2006(06) which should be consulted for further information.** |  |

**SECTION 1 (for completion prior to provision)**

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| **PROBLEM** |  |  |
| Could the use of a bed rail increase the risk? | YES 🞏 | NO 🞏 |
| If yes, can an alternative management strategy be used? E.g. Variable height bed, body-positioning device, soft-cushioning on floor to break fall, Telecare (e.g. bed sensor) etc.  *Describe what has been considered and why / why-not suitable:* | YES 🞏 | NO 🞏 |
| ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….  ***NOTE: If a suitable alternative has been identified, this needs to be tried prior to issuing bed rails if rails are likely to increase risk.*** | | |

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| **SERVICE USER** | | |
| Consider their size: Small child large child small adult medium size adult large adult | | |
| Does their size mean that their body or head are likely to pass   * Between the lower rail and mattress * Between the bed rail on side of the mattress | YES 🞏  YES 🞏 | NO 🞏  NO 🞏 |
| Are they agitated or confused? Suffers from dementia, confused at times  Does the service user NOT understand the purpose of bed rails? | YES 🞏  YES 🞏 | NO 🞏  NO 🞏 |
| Does the service user have limited capacity to make decisions? | YES 🞏 | NO 🞏 |
| Is there anyone with lasting power of attorney with regard to healthcare decisions? | YES 🞏 | NO 🞏 |
| Does the medical condition present specific risks of entrapment? e.g. dementia, cerebral palsy, micro/hydrocephalus? | YES 🞏 | NO 🞏 |
| Does the service user have an abnormally large or small head? | YES 🞏 | NO 🞏 |
| Does the service user have movement which cannot be controlled?  e.g. high grade spasticity, jerky movements | YES 🞏 | NO 🞏 |
| Do they need to get out of bed at night (i.e. access toilet)? If yes, is assistance available to lower bed rails. If no assistance available, bed rails contra-indicated. | YES 🞏 | NO 🞏 |
| ***NOTE: If you have ticked ‘YES’ to any of the above, bedrails may pose a significant risk and alternatives should be strongly considered. If bed rails are still indicated, all risks must be clearly considered (or eliminated where possible), with agreement from the MDT recommended to assist in balancing risks and service user needs. Please explain reasoning below (continue on separate sheet if necessary)***. | | |

## DECISION MADE AND REASONING

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**OT/Discharge Nurse:……………………………………….. Signature: Date:**

**OT Manager: …………………………… Signature: Date:**

**SECTION 2 SU:\_ \_\_\_\_\_\_\_\_\_ OT:**

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**(for assistance with selecting an appropriate device and ensuring safe installation)**

**For completion by an Occupational Therapist and ICES representative**

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|  | **OT** | **ICES** |
| **BED** | | |
| Is the design suitable to take a bed rail? |  | YES 🞏 NO 🞏 |
| Is it a profiling bed? |  | YES 🞏 NO 🞏 |

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| **PRODUCT** | | |
| Is the product strong enough to take the weight of the user? (check technical specifications with the manufacturer) |  | YES 🞏 NO 🞏 |
| Is the bed rail proposed designed for use on the bed it will be fitted to? |  | YES 🞏 NO 🞏 |
| Does the fitting mechanism prevent movement of the rail on the bed? |  | YES 🞏 NO 🞏 |
| Is there a risk of entrapment   * between the end of the bed rail and the headboard * between the mattress and the lowest rail of the bed rail * as a result of the service users weight compressing the mattress or overlay * poor design * movement of the bed rail away from the side of the divan mattress * use of a mattress overlay which reduces the effective height of the device * use of an air mattress which is too light to keep the bed rail in position * bed rails in poor condition due to poor maintenance | YES 🞏 NO 🞏YES 🞏 NO 🞏YES 🞏 NO 🞏YES 🞏 NO 🞏YES 🞏 NO🞏YES 🞏 NO 🞏YES 🞏 NO 🞏YES 🞏 NO 🞏 | YES 🞏 NO 🞏YES 🞏 NO 🞏YES 🞏 NO 🞏YES 🞏 NO 🞏YES 🞏 NO 🞏YES 🞏 NO 🞏YES 🞏 NO 🞏YES 🞏 NO 🞏 |
| Does the manufacturer supply sufficient information with the product?  Contra indications fitting instructions weight limits |  | YES 🞏 NO 🞏 |
| Is the spacing between bed rails less than 120mm for an adult?  (see manufacturers guidance for a child) |  | YES 🞏 NO 🞏 |
| **All bed rails are to be fitted with bumpers to minimise risk of entrapment/injury** | | |

|  |  |  |
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| **FITTING** | | |
| Has the bed rail been fitted correctly? | YES 🞏 NO 🞏 | YES 🞏 NO 🞏 |
| Are there any gaps between the bed rail and   * + the head of the bed   + the foot board of the bed   + the side of the mattress | YES 🞏 NO 🞏YES 🞏 NO 🞏YES 🞏 NO 🞏 | YES 🞏 NO 🞏YES 🞏 NO 🞏YES 🞏 NO 🞏 |
| Is the bed rail secure? |  | YES 🞏 NO 🞏 |
| Is the height of the bed rail from the mattress sufficient? | YES 🞏 NO 🞏 |  |
| Is an extra height bedrail required? | YES 🞏 NO 🞏 |  |
| Can clothing become caught on the bed rail? | YES 🞏 NO 🞏 |  |

*Risk assessments should be carried out before use and then reviewed and recorded after each significant change in the bed occupant’s condition, replacement of any part of the equipment combination and regularly during its period of use.*

Decision made & reasoning:

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If the service user lacks capacity, staff have a **duty of care** and must decide if the use of bed rails is in the best interests of the service user. This must be discussed with the family but the overall decision to implement the use of bed rails rests with the multidisciplinary team (MDT). If MDT members consulted please list these members name and profession, including date and content of discussion.

**OT Name: ……………………………………………….. Signature: Date:**

**ICES Staff Member: …………………………………… Signature: Date:**

**Service User/Carer/P of A: …………………………… Signature: Date:**